Title:

Palliative care professionals' care and compassion for self and others: A narrative review.

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ABSTRACT

Introduction: Compassion is arguably central to palliative care, but calls for the restoring of compassionate care suggest a need for greater understanding and promotion of compassion in practice. The Foucauldian concept 'care of the self' provides a pertinent perspective from which to understand care and compassion for others; however, the self-care literature is yet to be examined in this context. This review explored the literature relating to palliative care professionals' self-care, self-compassion, and compassion for others; identifying implications for practice and gaps for future research.

Methods: Electronic databases were searched using key words, and references from retrieved articles were checked manually. A thematic approach was used to synthesise and critically discuss the literature in the form of a narrative review.

Results: Four themes were identified: (1) Importance of self-care; (2) Awareness, expression, and planning; (3) Dimensions of self-care; and (4) Balanced compassion. Approaches to self-care practice and research have largely focused on a paradigm of coping. While 'compassion fatigue' features in the literature, understanding of compassion itself is limited. A broader understanding of self-care is lacking, with scant research into health promotion or positive paradigms that foster wellbeing and associated positive emotions such as compassion and self-compassion.

Conclusions: This review highlights both the importance and multi-faceted nature of palliative care professionals' self-care, in relation to self-compassion and compassion for others. Despite widespread discussion, empirical knowledge of these variables is limited. Future research could usefully explore health promotion or positive psychology approaches to self-care in palliative care practice.

Key Words: Compassion; Literature review; Palliative care; Self-care; Self-compassion.

Introduction

Compassion has traditionally been a hallmark of care for the dying (Saunders et al, 1981), but there is increasing concern that the expression of compassion as a value in palliative care is being compromised (Kellehear, 2005). There is now growing clinical and research interest in the nature and place of compassion in palliative care internationally (Larkin, 2015). This, coupled with outside developments in the scientific study of compassion as expressed towards others and oneself (Singer and Bolz, 2013), together present a valuable opportunity for members of the palliative care profession to better understand and promote compassionate care. The Foucauldian concept 'care of the self' provides a pertinent perspective from which to understand care and compassion for others:

> Care for others should not be put before the care of oneself.
> The care of the self is ethically prior, in that the relationship
> with oneself is ontologically prior (Foucault, 2003, p.30).

According to Foucault, in order to take care of others, one must first learn to take care of oneself. This has been increasingly discussed in the health professions generally (Mills et al, 2015, Mills and Chapman, 2016) and is now appearing in the palliative care discourse. For example, Vachon and colleagues (2015) have highlighted a link between self-care and self-compassion, and argued that self-compassion is a prerequisite to compassion for others. These perspectives suggest that more research is needed to examine the relationship between compassionate care for others, self-compassion and self-care.

In the context of health care professionals, self-care has been defined as 'the self-initiated behaviour that people choose to incorporate to promote good health and general well-being' (Sherman, 2004, p.52). Within the caring professions self-care is associated with resilience and burnout prevention, whilst a lack of self-care has been linked to compassion fatigue (Skovholt, 2001; Figley, 2002). As an ethical imperative, the Oxford Textbook of

Palliative Social Work describes self-care as best practice in palliative care (Clark, 2011); and the relevance of self-care to quality patient care is also echoed in related disciplines of nursing, medicine, and allied health professions working in palliative care (Watson et al, 2009; Cherny et al, 2015; Vachon et al, 2015).

Self-care practice has even been mandated nationally and internationally through discipline-specific professional standards (Canning et al, 2005; American Academy of Hospice and Palliative Medicine, 2009; Palliative Care Nurses New Zealand, 2014), and also within palliative care quality standards at the health service level (Palliative Care Australia, 2005; Hospice New Zealand, 2012). Despite this, there has yet to be a comprehensive review of self-care in the palliative care literature. Moreover, self-care has not yet been examined in relation to compassion for self and others. The objective of this review was to critically examine the literature relating to palliative care professionals' self-care, self-compassion, and compassion for others; identifying implications for practice and future research.

Methods

A narrative review of the peer-reviewed literature was undertaken. This method was chosen in consideration of both the review objective and the emergent area of investigation, less suited to protocol-driven reviews that include empirical evidence only (Coughlan et al, (2013).

Search strategy

First, a systematic search of the peer reviewed literature was conducted. MEDLINE Complete, CINAHL Complete, and PsycINFO electronic databases were searched using the key words: compassion; self-compassion; self-care; palliative care; hospice. This search was then supplemented with an electronic search of key palliative care journals. Finally, bibliographies from articles were hand searched to identify any additional papers relevant to the literature review.

Criteria for inclusion and exclusion

All searches were limited to full-text articles published between 2000 and 2016 in English-language peer-reviewed journals. Articles were included where content directly informed the focus and objective of the literature review, including discursive papers as well as scientific papers reporting qualitative and or quantitative research. Papers were excluded if their focus was not directly relevant to one of the search terms, or where they focused on populations outside of the palliative care workforce. Editorials and conference abstracts were also excluded. For the purposes of this review, the term 'hospice' was used to accommodate variance throughout international terminology in relation to hospice and palliative care. A date restriction was not applied, considering the absence of any prior published reviews of the topic area.

Article management and review

The initial categorisation and storage of articles was managed using Thomson Reuters' *EndNote X7* bibliographic software. Full-text articles for inclusion were then imported to a dedicated database using QSR *NVivo 10* data management software. Articles were read and re-read with annotations made to inform the review, and subsequent coding was performed to aid identification of patterns and common themes throughout the articles. As noted by Coughlan et al (2013), this is an effective approach to facilitate the integration of both theoretical and empirical literature. Further synthesis of the literature was then organised into themes for critical discussion.

Results

A total of 38 articles were included in the review, comprising 15 theoretical papers and 23 empirical reports. Table 1 and Table 2 provide an overall summary of these articles. Four themes were identified from the literature: (1) Importance of self-care; (2) Awareness,

expression and planning; (3) Dimensions of self-care; and (4) Balanced compassion (see Figure 1).

INSERT TABLE 1

INSERT TABLE 2

Importance of self-care

The holistic promotion of health and the maintenance of personal wellbeing are defining characteristics of self-care within the palliative care literature (Sanchez-Reilly et al, 2013). Self-care is further defined as a process of maintaining one's wholeness (Radwany et al, 2012). In this context, the importance of self-care in the palliative care workforce is well established in the literature. This is evident through widespread discussion and research into coping with occupational stressors such as grief, as well as burnout, and compassion fatigue (see for example: Keidel, 2002; Alkema et al, 2008; Showalter, 2010; Harris, 2013; Kamal et al, 2016).

In his paper exploring the experiences of carer grief, Doka (2014) identified the ongoing exposure to loss and suffering as a danger to both the wellbeing of palliative care professionals as well as their capacity for effective care provision. This, he argued, is the risk when the experience of grief is either unexpressed, or otherwise disenfranchised through the professional context of the caring role. Doka further suggested that coping with grief relies on a variety of individual strategies such as acknowledgement, acceptance, and sharing of one's grief. By way of an informal case study discussion, Wakefield (2000) argued for 'relentless self-care', meaning an enduring commitment to self-care practice as an important component of practice for palliative care nurses.

Citing unprocessed grief from ongoing exposure to loss, Sanchez-Reilly and colleagues (2013) highlighted self-care as a means to mitigate the harmful effects of burnout and compassion fatigue. Similarly, Kearney et al (2009) outlined various stresses that can lead to burnout and compassion fatigue, whilst emphasising self-care as an imperative when providing end-of-life care. In another review paper, Rokach (2005) suggested that each member of the palliative care team can and should attend to their own needs through self-care to cope with burnout. This was in recognition that palliative care professionals also experience suffering, just as patients and their families do. The cost of caring can significantly impact on the health and wellbeing of physicians, nurses, social workers, chaplains and volunteers in palliative care (Showalter, 2010). Keidel (2002) suggested that too many palliative care professionals have left their role because they were unable to continue as they had little capacity to care for others. However, capacity for self-care is also important, as many professionals in caring roles neglect self-care despite its importance (Showalter, 2010).

A range of research designs have been employed to examine self-care in relation to coping with occupational stress, burnout, and compassion fatigue. A qualitative study by Melvin (2012) explored compassion fatigue and coping strategies used among hospice and palliative care nurses in northeast USA. Through content analysis of interview data, the study concluded that physical and emotional health consequences exist for nurses working in hospice and palliative care; and whilst some general strategies were reported, further research into coping strategies was recommended.

Abendroth and Flannery (2006) investigated burnout and compassion fatigue in a cross-sectional survey of 216 nurses across 22 hospices in Florida. In their study, burnout was related to physical and emotional exhaustion caused by exposure to emotionally demanding situations, whilst compassion fatigue was conceptualised as a secondary traumatic stress

reaction from helping others. Hospice nurses in their study were deemed to be at moderate to high risk for both burnout and compassion fatigue. Additionally, these nurses were identified as at greater risk of compassion fatigue if they did not report self-care practice.

Beng and colleagues (2015) developed the total care model of occupational stress in palliative care, with total care conceived as an approach that integrates self-care into caring for others. Through focus group discussions with American hospice nurses, Harris (2013) found that social support, humour, and prayer/meditation were reported as the most effective ways of coping. Commonly used coping methods in a study by Perez and colleagues (2015) included 'engaging in healthy behaviours and hobbies' and 'seeking emotional support from colleagues and friends'. Taken together, the vast majority of discussion and research reflects the discourse of self-care as a way of coping. There are, however, other ways in which self-care is viewed as important.

Research by Breiddal (2012) suggests that self-care is also understood and practised by the palliative care workforce as a way of being. Breiddal argued that historically self-care has been socially constructed as a series of disconnected activities in response to stress rather than as an agent of prevention, or early intervention for stress and burnout. Through her discourse analysis, Breiddal interpreted self-care to mean an active and responsive way of being, in relation to personal and organisational values, responsibilities and resources.

Apart from a way of coping or a way of being, self-care can also be understood as a way of promoting health and maintaining wellbeing. From their qualitative study of Australian nurses, Rose and Glass (2008) highlighted the importance of self-care in enhancing emotional wellbeing when providing palliative care. As the only study to allude to barriers to self-care, this research also found that stigma prevented some nurses from prioritising self-care, highlighting influence of peers. Apart from this, it is evident that very little research into self-care has explicitly focussed on health promotion and the fostering of

wellbeing, outside of a paradigm of coping with stressors. Nonetheless, the peer-reviewed literature is unequivocal in both its volume and emphasis with regards to the importance of self-care. In addition to this, it also highlights key aspects of self-care.

INSERT FIGURE 1

Awareness, Expression, and Planning

Awareness, expression, and planning, together represent significant aspects of self-care. This is evident through widespread discussion and research into associated activities such as debriefing, clinical supervision, reflective writing, poetry, mindfulness and other meditative or planning techniques (see for example: Katz and Genevay, 2002; Jones, 2005; Rushton et al, 2009; Edmonds et al, 2015; Sansó et al, 2015).

Awareness relates both to the suffering of others as well as ones' own emotional responses and suffering. Katz and Genevay (2002) outlined the complexity and potential impact of countertransference issues that may arise in emotional responses when providing end-of-life care. Self-awareness is therefore considered to be central to self-care. To this end, the use of mindfulness meditation and reflective writing has been discussed as an effective means to foster self-awareness and facilitate self-care (Sanchez-Reilly et al, 2013; Kearney et al, 2009). For Kearney et al (2009) self-awareness is essential to maximising individual wellness. Others have reported the use of clinical supervision as an effective self-care strategy to promote the expression of thoughts and feelings (Edmonds et al, 2015). Expression, in this way, represents an important aspect of self-care; although it is not limited to clinical supervision or debriefing. For instance, writing poetry has also been discussed as an effective self-care strategy, and has been used in team activities as a creative and effective outlet for personal expression (Radwany, 2012; Coulehan and Clary, 2005).

Planning for self-care is also considered important for palliative care professionals. In the same way that dedicated care plans contribute to optimal care for patients, there is a view that self-care should be systematic rather than haphazard. According to Jones (2005), to relieve stress and prevent burnout an individualised self-care plan should be developed and used to balance ones' own needs with the needs of patients. Sanchez-Reilly et al (2013) go further, to recommend self-awareness plans in addition to a self-care plan. Despite this recommendation, there appears to have been no research to date into the uptake or utility of self-care planning in the palliative care workforce.

There has, however, been research involving awareness and expression as key aspects of self-care. Findings from a qualitative study of Japanese palliative care nurses highlighted the importance of self-awareness and expression of emotions, in relation to self-care (Shimoinaba et al, 2015). These findings are supported in part by other research (Sansó et al, 2015) that investigated awareness and coping in a large multidisciplinary sample of Spanish palliative care professionals. Results from this study indicated that greater awareness positively predicted compassion satisfaction and negatively predicted both compassion fatigue and burnout. Participants with higher levels of self-awareness were also those with greater scores in competence in coping with death.

As a targeted educational intervention for Canadian doctors training in palliative care, Kim and colleagues (2013) developed and evaluated a structured self-care learning module that involved participation in a facilitated group discussion. Evaluation revealed that most participants gained an appreciation for the importance of self-reflection and self-awareness as a component of self-care. Whilst the majority of participants described this training as a valuable learning experience, some were uncertain or did not consider it to be valuable. Other research by Feld and Heyse-Moore (2006) evaluated the implementation of support groups in the UK, for junior doctors working in palliative care. Similarly, most participants reported

this to be helpful, particularly in sharing clinical experiences for confidential discussion. However, some reported barriers such as trust among peers and difficulties raising issues within the support groups. This was identified in relation to traditional medical training, leaving doctors either unaccustomed or reluctant to express feelings, fearful of being judged, or concerned that issues expressed would be perceived as weakness. Consideration of these challenges is therefore necessary in team-based self-care initiatives that foster awareness and expression.

Awareness also featured prominently in the evaluation of a contemplative end-of-life training program by Rushton and her colleagues (2009) in the USA. Mindfulness and self-care formed core components of this training, and its evaluation was informed by 95 online survey responses and forty telephone interviews. The majority of participants indicated that mindfulness practices enabled them to better recognise and express their own grief through self-awareness, leading to a heightened focus on patient care as well as self-care. Some also expressed the importance of having a self-care plan. In summary, the literature reviewed highlights awareness, expression and planning as key aspects of self-care. At the same time, it is also important to appreciate that self-care practice is multifaceted.

Dimensions of Self-care

As a holistic concept, self-care is multi-dimensional in the way it is understood and practised by palliative care professionals. Within the theoretical literature three authors have discussed different dimensions of self-care. Jones (2005) incorporated physical, emotional/ cognitive, relational, and spiritual self-care into a proposed self-care plan; while Rokach (2005) focused more broadly on either personal or professional dimensions of self-care. Sanchez-Reilly et al. (2013) discussed these two dimensions, adding further distinction between individual or team-based self-care strategies within the professional dimension. Self-

care dimensions have been discussed in the literature more extensively than they have been studied. Within the research literature, only two studies have explicitly examined dimensions of self-care (see Figure 2).

INSERT FIGURE 2

First, in their study of hospice workers Alkema (2008) investigated the relationship between six different self-care dimensions as well as compassion fatigue, burnout, and compassion satisfaction. The most common dimensions of self-care reported for this sample were spiritual self-care, physical self-care, and psychological self-care. Results further indicated that compassion fatigue was significantly negatively correlated to five dimensions of self-care (all except for physical self-care); whilst compassion satisfaction was significantly positively correlated with only emotional, spiritual, and balance self-care dimensions. As previously noted, this study was limited by a very small convenience sample of 37 hospice professionals from two hospices in Midwest America. It should also be noted that the instrument used in this study was an informal self-report rating tool, not a validated scale to measure self-care psychometrically as a construct.

Second, Sansó and her colleagues (2015) studied three dimensions of self-care in a cross-sectional survey of nearly 400 palliative care professionals in Spain. Development of these dimensions was informed by both theoretical and empirical work; focusing specifically on physical, inner, and social wellbeing. In contrast to the Alkema et al. study, results from this research indicated that self-care was practised predominantly through a social dimension, followed by dimensions of physical and then inner self-care. All dimensions of self-care were significantly positively correlated with compassion satisfaction, and significantly negatively associated with compassion fatigue and burnout. Inner and social self-care dimensions were also positively correlated with respondents' ability to cope with death.

While several dimensions of self-care have been discussed in the theoretical literature for over a decade, research has been limited. Taken together, the studies suggest that while individual uptake may vary, practising self-care across a range of dimensions may be positively associated with compassion satisfaction and inversely related to burnout and compassion fatigue.

Balanced Compassion

Compassion is defined in the literature as an emotion one experiences when feeling concern for others' suffering and wanting to alleviate that suffering (Halifax, 2012). For palliative care professionals, the cultivation of compassion for oneself is considered equally important as compassion for others. The relevance of balanced compassion to self-care is evident across the theoretical and empirical literature, with compassion conceptualised in multiple ways (see for example: Halifax, 2011; Way and Tracy, 2012; Fernando and Consedine, 2014).

Way and Tracy (2012) conceptualised compassion as 'recognising', 'relating', and '(re)acting'. In their study of communication among hospice staff, it was found that compassion was exemplified when staff were able to recognise suffering, relate to others, and react in a meaningful way to alleviate suffering. Fernando and Consedine (2014) proposed a theoretical model of physician compassion, highlighting compassion as transactional in nature, rather than being a finite quality that becomes depleted as it is used. Within this model it was suggested that physician compassion arises from interrelated influences between physician, patient and family, clinical situation, and environmental factors. For Halifax (2011), compassion is necessary not only for patients, but also for clinicians themselves.

Similarly, from her self-care discourse analysis, Breiddal (2012) concluded that having compassion for oneself is mutually beneficial for self and others. This is supported by Rose

and Glass (2008) who argued that compassionate care for oneself can enhance wellbeing for palliative care professionals in the same way as with patients. Further, it has been suggested that those neglecting self-care and experiencing burnout or compassion fatigue tend to display a lack of compassion toward themselves and others (Kearney et al, 2009). However, these claims have not been supported through research to date.

Given that the psychometric constructs of compassion fatigue and compassion satisfaction do not directly relate to compassion itself, very little research has investigated compassion or self-compassion in the palliative care workforce. Of those studies that have investigated these directly, none have used a validated psychometric instrument.

Wasner and colleagues (2005) used standardised scales to measure religiosity, self-transcendence, and aspects of spirituality, in their evaluation of spiritual care training for palliative care professionals in Germany. Self-compassion and compassion for others were examined as general attitudes on a self-rated numeric scale from 0 (not at all) to 10 (very much). The mean levels of self-rated compassion and self-compassion reported at baseline were found to increase significantly after spiritual care training, although the concepts were tested as general attitudes rather than tested as constructs using validated instruments.

In summary, compassion and self-compassion are considered important for palliative care professionals. Research suggests there may be a relationship with self-care, and can be increased through contemplative practices. However, these studies are few and have limitations Current empirical knowledge of these variables in palliative care practice is limited.

Discussion

The objective of this review was to examine the literature relating to palliative care professionals' self-care, self-compassion, and compassion for others; identifying implications

for practice and future research. Key areas of consideration for current practice and future research include the importance of self-care; awareness, expression and planning; dimensions of self-care; and balanced compassion. Palliative care professionals' self-care may be supported firstly by prioritising it, and subsequently by employing a variety of self-care strategies that promote awareness, expression and planning. The provision of staff support in the workplace may help promote professional self-care activities, but this alone is not sufficient (Showalter, 2010). It is also clear that compassion for self and others is important.

The notion that compassion should be a practice imperative is not new to the field of palliative care. Kellehear (1999, 2005) had previously argued for compassion to become a priority, declaring that the expression of compassion should not be idiosyncratic, nor its analysis impressionistic. Yet, approaches to research, education and practice in palliative care have, to date, been less than systematic or thorough in their exploration of compassionate care. Much of the attention towards compassion has been in the context of so-called compassion fatigue or, to a lesser extent, compassion satisfaction. However, these terms appear somewhat misleading in that these psychometric constructs do not measure levels of compassion. It is evident from this review that compassion, itself, is yet to be measured in this population.

Compassion and self-compassion can be investigated empirically, either through functional magnetic resonance imaging or as psychometric constructs (Singer and Bolz, 2013). In the context of positive emotions, compassion and self-compassion are increasingly examined within the field of positive psychology, with its strengths-based emphasis on wellbeing (Cassel, 2009; Neff and Lamb, 2009). Despite this, empirical knowledge of these is lacking in palliative care practice. While this may also be the case in health care generally, the literature is unequivocal about the need for palliative care professionals to practise

compassion for oneself and for others. There is also a premise that self-compassion is a prerequisite to compassion for others.

This is increasingly discussed within general medical and nursing literature, in which self-compassion is understood as a mindful practice oriented toward the emergence of compassion and holistic care for all who experience suffering (Mills et al, 2015; Mills and Chapman, 2016). In palliative care, the apparent theoretical association between compassion and self-compassion is best encapsulated by Vachon's (2015) assertion that one cannot practise compassion for others if one does not practise self-compassion. However, this has yet to be established empirically, and there is no evidence that compassion is in fact lacking in the palliative care workforce. Understanding of an apparent association between self-compassion and compassion for others is thus limited to theoretical discussion, as is also the case with the relationship between these variables and self-care.

There is a lack of evidence in relation to the Foucauldian perspective that one must first learn to take care of oneself in order to take care of others. The literature suggests a dominant, and more reactive, paradigm of self-care as a way of coping with various occupational stressors. The dominance of this paradigm seemingly shifts focus away from self-care itself, and more onto coping. While professional and quality standards require that palliative care professionals implement and maintain effective *self-care* strategies, the large majority of literature instead reflects an explicit focus on *coping* strategies.

This is perhaps because occupational stress has featured prominently in the palliative care literature over time, stemming from perceptions that caring for the dying is particularly stressful (Vachon, 2011). Yet, the literature is inconclusive as to whether clinicians working in palliative care experience higher levels of stress or burnout than other specialty areas of practice. Systematic reviews of stress and burnout in the palliative care workforce have found that studies indicate prevalence of these is comparable to that of other clinical specialties (see

for example: Peters et al, 2012). That is not to suggest palliative care practice is not stressful *per se*, or that self-care as a way of coping is not important; in the same way that understanding of palliative care practice is not confined to negative factors such as stress, coping represents an important aspect of self-care, but not its entirety. This is highlighted through Breidall's (2012) conceptualisation of self-care as a way of being, and also in the distinction between surviving and thriving made by Peters and McDermott (2012).

It is evident from the literature that occupational stressors and associated coping strategies are themselves discrete subjects of research. Moreover, coping strategies may not necessarily be constructive. For example, drinking alcohol is reported as a strategy used by hospice workers to cope with stress (Whitebird et al, 2013). Further, there is research to suggest that palliative care professionals who use avoidant coping strategies are at higher risk for posttraumatic stress disorder symptoms (O'Mahony et al, 2016). Coping is understood in the literature as pertaining to ones' cognitive or behavioural efforts to manage internal and external demands appraised to be taxing or exceeding ones' resources (Lambert and Lambert, 2008) whereas self-care, is much broader in its focus on the promotion of health and maintenance of wellbeing.

Health promotion is intrinsic to self-care. Yet, health promotion approaches to self-care in palliative care professionals appear largely unexplored. While self-care as a way of coping may be viewed through a narrow lens of harm-minimisation, there is merit in considering other health promotion principles such as prevention or reorientation to more supportive work environments (Kellehear, 2005). Given that exploration of these areas appears largely neglected, a greater focus toward understanding self-care outside of a coping paradigm is therefore indicated.

Future research

This review highlights a number of gaps to be addressed. Although self-care is considered important, the utility and general uptake of self-care practice among palliative care professionals remains largely unknown. For example, the concept of self-care planning was introduced over a decade ago, yet this review did not identify any research investigating whether palliative care professionals actually use individual self-care plans; and if so, the extent to which they are found to be effective. Ascertaining the level of awareness around use of self-care plans, or engagement with self-care training in general, would further contribute to this.

Understanding of the meaning of self-care within the palliative care workforce also remains limited. Beyond theoretical definitions or analyses of textbooks, a greater understanding of how self-care is perceived across the broader palliative care profession might serve to inform education and training initiatives. This knowledge would also build from the conceptualisation of self-care as a way of being. At the same time, it will be important to identify barriers and enablers to effective self-care practice experienced by palliative care professionals. To date these areas remain largely unexplored. Further, if as Wakefield (2000) recommended, self-care is to be relentless, then investigating the regularity of self-care practice among palliative care professionals is another priority.

Other opportunities for future research into self-care include foci such as resilience, health promotion, or positive psychology approaches to health and wellbeing. For example, correlational studies might usefully examine self-care practice in relation to resilience as a dependant variable. Given the relevance of health promotion to self-care, fruitful explorations may be undertaken in this area. While most interest in health promoting palliative care has to date focused on the general community, it is clear from its public health context, that health promotion practice and research should also consider palliative care professionals. Specific

health promotion areas for research might include uptake of health promoting behaviours and the evaluation of prevention campaigns implemented in workplaces. But self-care research more relevant to compassion and self-compassion will likely encompass the positive psychology elements of wellbeing, or flourishing.

Flourishing is the stated goal of positive psychology, and to this end positive emotions form the foundation of wellbeing (Seligman, 2012). Cassel (2009) argued that development of education programs and interventions to instil compassion, as a vital emotion for health care professionals, falls under the remit of positive psychology. Compassion and self-compassion both represent positive emotions that may foster personal wellbeing and, more broadly, contribute to one's flourishing as a palliative care professional (Neff et al, 2007; Cassel, 2009; Neff and Lamb, 2009; Vachon, 2012). Specifically, compassion and self-compassion have been linked with positive factors in health professionals such as improved sleep and resilience (Kemper et al, 2015). Further investigation of this area within palliative care practice would contribute to the nascent field of positive health, as proposed by Seligman (2012). Moreover, it would add to a growing body of literature that suggests interventions to promote these positive emotions in health care professionals offer not only the potential for positive health and wellbeing, but also improved patient care.

Limitations

As this literature review was limited to full text articles published in the English language, there may be other literature outside the scope of this paper.

Conclusion

This review has highlighted the importance and multi-faceted nature of self-care to palliative care professionals' practice, in relation to compassion and self-compassion. Despite

growing interest and widespread discussion, current empirical knowledge of these variables remains limited. Future directions for research include health promotion and positive psychology approaches to self-care in the context of health and wellbeing. Through exploration of these areas, palliative care professionals' understanding and practice of self-care can progress beyond a paradigm of coping, and toward a more positive paradigm of flourishing.

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Table 1. Summary of Theoretical Articles

Year	Authors	Country	Population	Review Themes
2014	Doka	USA	PC Workforce	Importance of Self-Care
2014	Fernando & Consedine	New Zealand	PC Workforce	Balanced Compassion
2013	Sanchez-Reilly *et al.*	USA	PC Physicians	Importance of Self-Care; Dimensions of Self-Care; Awareness, Expression, & Planning
2012	Radwany et al.	USA	PC Workforce	Awareness, Expression & Planning
2012	Halifax	USA	PC Workforce	Balanced Compassion
2011	Halifax	USA	PC Workforce	Balanced Compassion
2010	Showalter	USA	PC Workforce	Importance of Self-Care
2009	Kearney et al.	USA	PC Physicians	Importance of Self-Care; Awareness, Expression & Planning; Balanced Compassion
2009	Morgan	USA	Paediatric PC Nurses	Importance of Self-Care
2005	Coulehan & Clary	USA	PC Physicians	Awareness, Expression & Planning; Balanced Compassion
2005	Jones	USA	Hospice Workforce	Awareness, Expression & Planning; Dimensions of Self-Care
2005	Rokach	Canada	PC Workforce	Importance of SC; Dimensions of Self-Care
2002	Katz & Genevay	USA	PC Workforce	Awareness, Expression & Planning
2002	Keidel	USA	Hospice Workforce	Importance of Self-Care
2000	Wakefield	UK	PC Nurses	Importance of Self-Care

Table 2. Summary of Empirical Articles

Author (Year)	Country	Design	Population	Review Themes
Kamal et al. (2016)	USA	Quantitative	Hospice / PC Workforce	Importance of Self-Care
Beng et al. (2015)	Malaysia	Qualitative	PC Doctors & Nurses	Importance of Self-Care; Balanced Compassion
Edmonds et al. (2015)	Canada	Case Report	PC Workforce	Awareness, Expression & Planning; Importance of Self-Care
Forster & Hafiz (2015)	Australia	Qualitative	Paediatric PC Workforce	Importance of Self-Care
Perez et al. (2015)	USA	Qualitative	PC Workforce	Importance of Self-Care
Shimoinaba et al. (2015)	Japan	Qualitative	PC Nurses	Importance of Self-Care; Awareness, Expression & Planning
Sansó et al. (2015)	Spain	Quantitative	PC Workforce	Importance of Self-Care; Dimensions of Self-Care; Awareness, Expression & Planning
Harris (2013)	USA	Qualitative	Hospice Nurses	Importance of Self-Care
Kim et al. (2013)	Canada	Quantitative	PC Medical Trainees	Awareness, Expression & Planning
Slocum-Gori et al. (2013)	Canada	Quantitative	Hospice / PC Workforce	Importance of Self-Care
Whitebird et al. (2013)	USA	Quantitative	Hospice Workforce	Importance of Self-Care
Breiddal (2012)	USA	Qualitative	PC Workforce	Importance of Self-Care; Balanced Compassion
Melvin (2012)	USA	Qualitative	Hospice / PC Nurses	Importance of Self-Care
Way & Tracy (2012)	USA	Qualitative	Hospice Workforce	Balanced Compassion
Lobb et al. (2010)	Australia	Quantitative	PC Nurses	Importance of Self-Care
Rushton et al. (2009)	USA	Mixed Methods	PC Workforce	Balanced Compassion; Importance of Self-Care; Awareness, Expression & Planning
Swetz et al. (2009)	USA	Qualitative	PC Physicians	Importance of Self-Care; Dimensions of Self-Care
Alkema et al. (2008)	USA	Quantitative	Hospice Workforce	Importance of Self-Care; Dimensions of Self-Care
Rose & Glass (2008)	Australia	Qualitative	PC Nurses	Importance of Self-Care; Balanced Compassion
Desbiens & Fillion (2007)	Canada	Quantitative	PC Nurses	Importance of Self-Care
Abendroth & Flannery (2006)	USA	Quantitative	Hospice Nurses	Importance of Self-Care
Feld & Heyse-Moore (2006)	UK	Quantitative	PC Junior Doctors	Awareness, Expression & Planning
Wasner et al. (2005)	GER	Quantitative	Hospice / PC Workforce	Importance of Self-Care; Balanced Compassion

Figure 1. Themes Identified from the Literature

Figure 2. Dimensions of Self-Care